

Name
in
Full

Lucy Tylor Beal

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	St. Smgoes	St. Marys	MARYLAND
Date of death	Month	1908 Nov	11	Years
Age	Months		Days	
Sex	Color or Race	Females	white	Birth-place
Occupation	Where Residing if not at place of death	Domestic	St. Marys.	
Married, Single or Widowed	Name of Wife or Husband	Married	Alexandria Beal	
Father's Name	Father's Birthplace	Don't know	St. Marys	
Mother's Maiden Name	Mother's Birthplace	Amenda Tylor	St. Marys	
Name of person giving information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer uterus

42

How long

3 years.

Immediate

Exhaustion

4 months

Are the name, age, sex, color, date and place correctly given above?

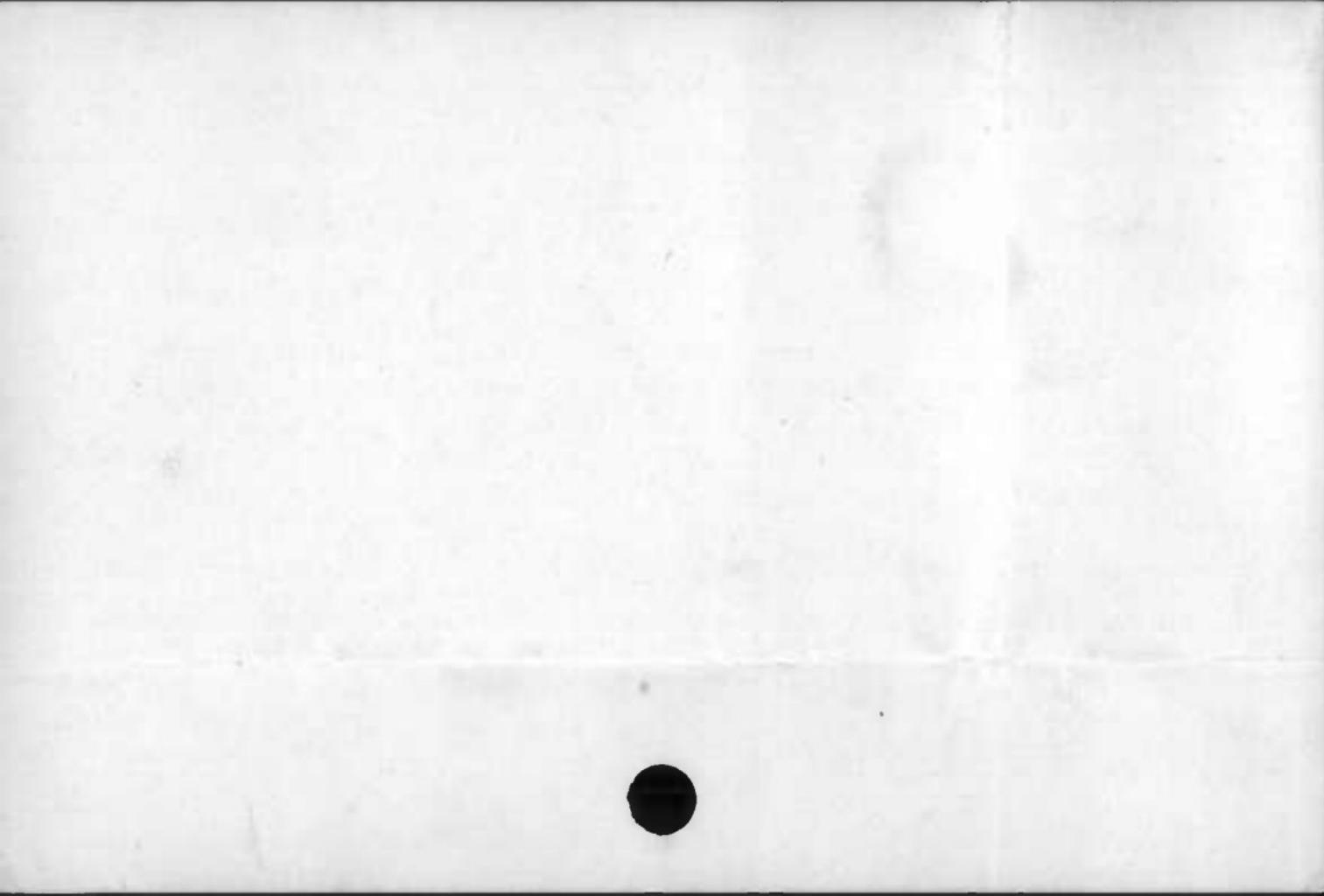
Signature of Physician

Address

W. Lloyd

Accident or Suicide?

Ridge Md.



Name
in
Full

Hilary Bowles

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	St. Marys.		County		MARYLAND	
Date of death	Month	Day	Years	Age	71	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md.		
Occupation	Farming			Where Residing if not at place of death	—		
Married, Single or Widowed	Widow	Name of Wife or Husband		Father's Birthplace	Md.		
Father's Name	Gisty Bowles			Mother's Birthplace			
Mother's Maiden Name				How related to deceased			
Name of person giving information	Mrs. Hill			79			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular disease of Heart

How long

8 Months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

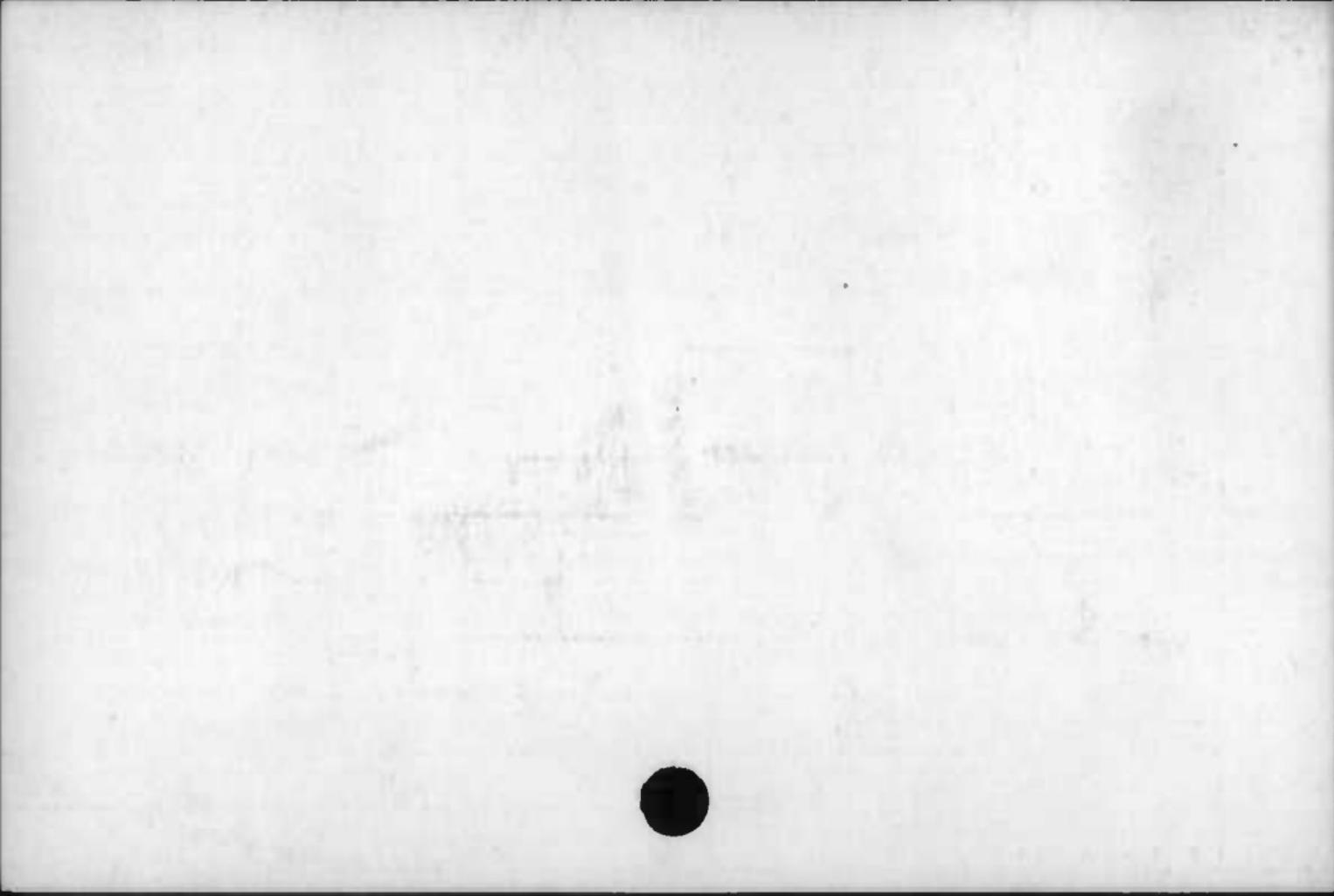
Signature of Physician

Address

R. B. Johnson

Morganza

Accident or Suicide?

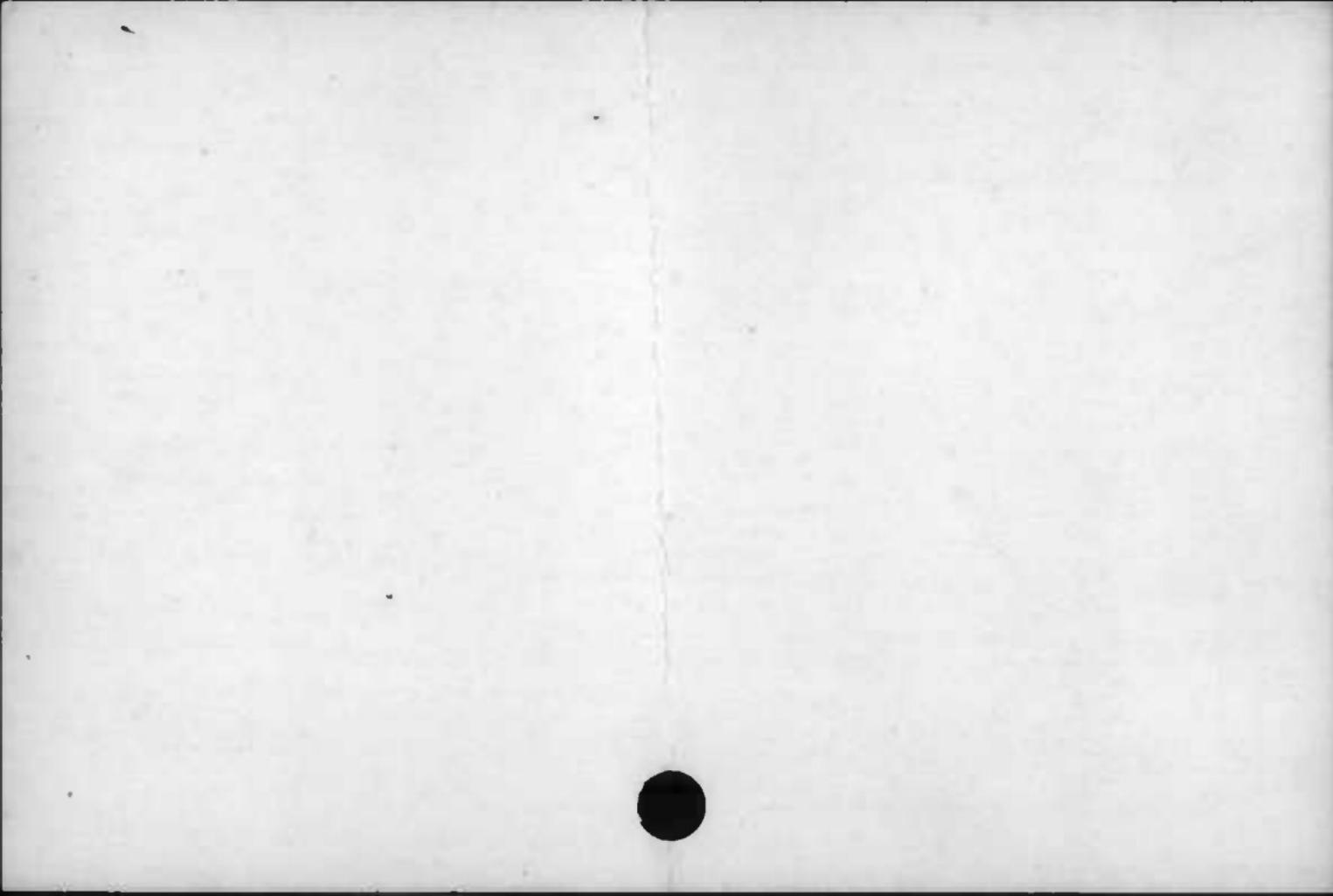


Name
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To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

						CERTIFICATE OF DEATH	
Died at <u>Waydon</u> Town			County <u>St Mary's</u>			MARYLAND	
Date of death <u>1908</u>	Month <u>Nov-</u>	Day <u>12</u>	Age <u>24</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>Black</u>	Where Residing if not at place of death <u>St Mary's Co., St Mary's Co.</u>					
Occupation <u>Laborer</u>	Name of Wife or Husband <u>Alvessius Fenwick</u>			Father's Birthplace <u>St Mary's Co.</u>			
Married, Single or Widowed				Mother's Birthplace <u>St Mary's Co.</u>			
Father's Name <u>Eug Fenwick</u>				How related to deceased <u>Mother</u>			
Mother's Maiden Name <u>Jane Whalen</u>				How long <u>2 months</u>			
Name of person giving Information <u>Mother</u>				How long <u>120</u>			
CAUSES OF DEATH							
Primary <u>Bright's Disease</u>							
Immediate							
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>			Signature of Physician <u>Henry Richardson</u>			
				Address <u>Great Mills,</u>			
Accident or Suicide?				<u>St Mary's Co., Md.</u>			



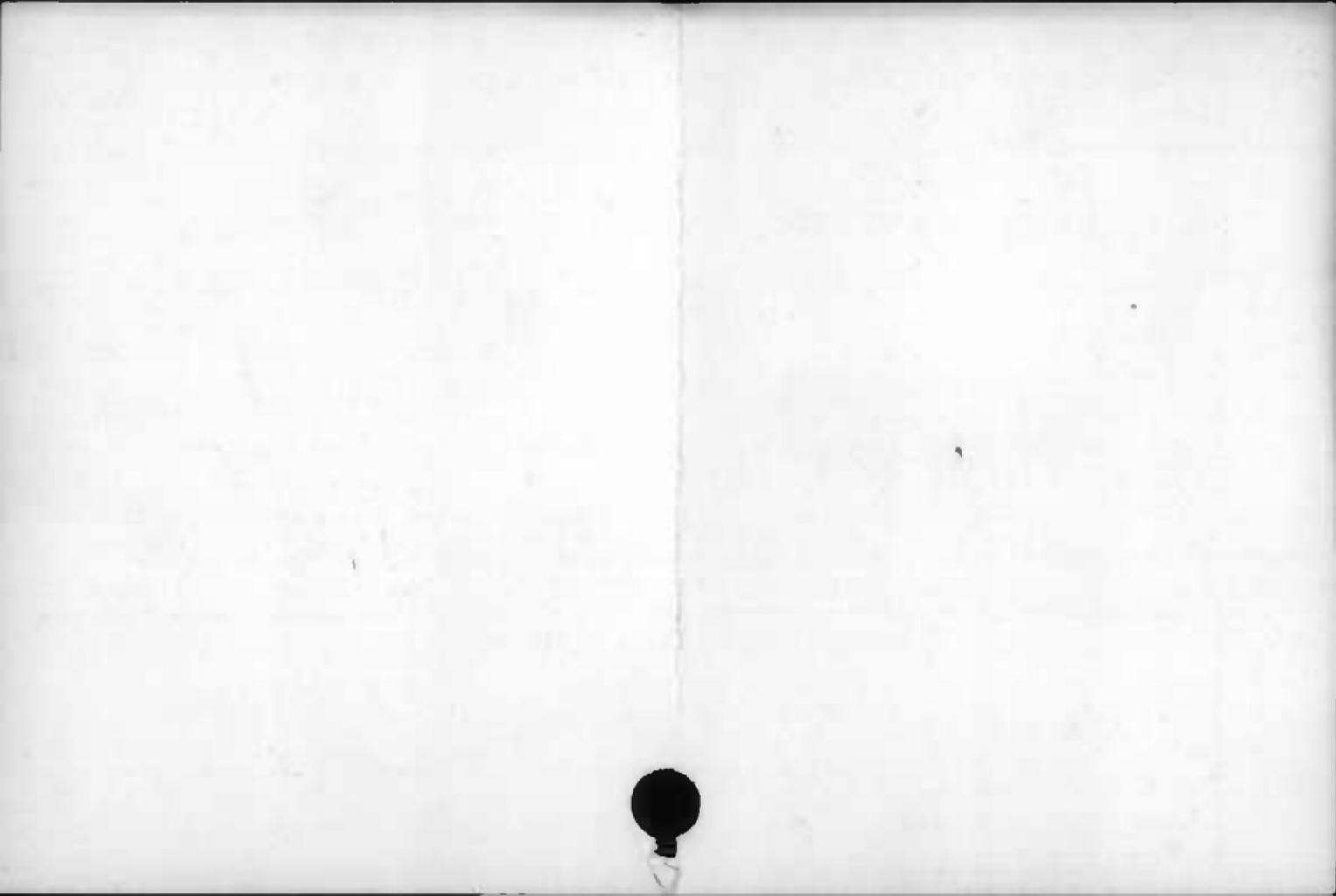
Name
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TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County		MARYLAND
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	St. Mary's Co., St. Mary's Co.			
Father's Name	Lizzie Catherine McGill				
Mother's Maiden Name	St. Mary's Co., Chas. Co., Md.				
Name of person giving information	Husband				
CAUSES OF DEATH					
Primary	Tuberculosis Ulcers of the Intestines				
Immediate	with Hemorrhages & general Delirious				
Are the name, age, sex, color, date and place correctly given above?		Yes			
Accident or Suicide?		No			
Signature of Physician		Henry Richardson, M.D.			
Address		Great Mills, R.O. St. Mary's Co., Md.			
How long					
Eighteen months					
How long					

27



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Charity Smith

Died at Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Munths

Days

Date

of death

1908 November 5th

Age 89

Sex

Color or
Race

Female

Colored

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Joe Smith

Father's
Name

William Beale

Father's
Birthplace

Maryland

Mother's
Maiden Name

Does not know

Mother's
Birthplace

Maryland

Name of person giving
Information

William W. Brown

How related
to deceased

Son in law

CAUSES OF DEATH

64

How long

Primary

Cerebral Hemorrhage

How long

About 15 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

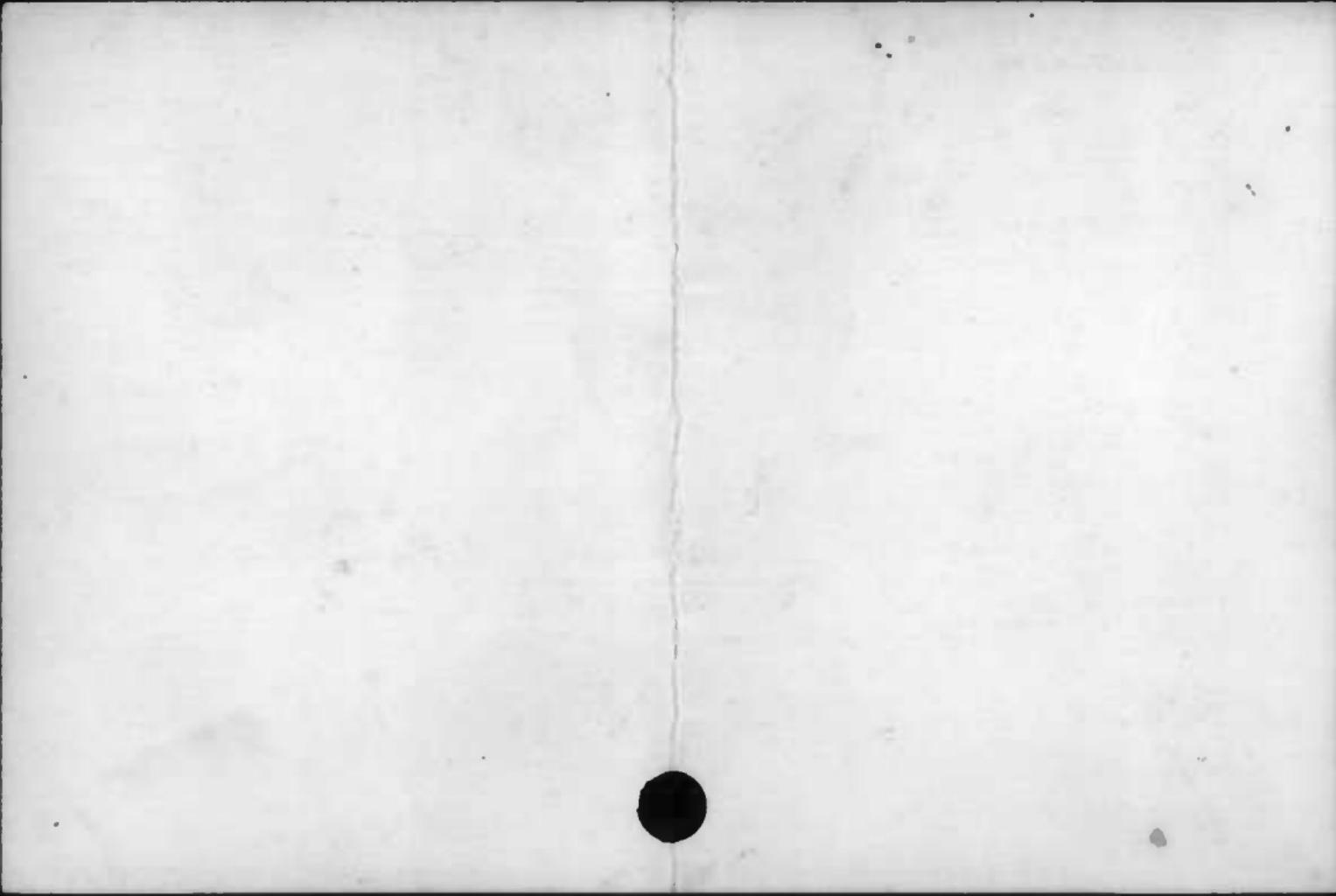
Signature of
Physician

A. D. Hodgdon M.D.

Address

Post Office,
Maryland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Unknown

MARYLAND

Died at	Town	Chesapeake Bay St Marys		Month	Day	Years	Months	Days
Date of death	1908	Nov	Don't know	Age				
Sex	Male	Color or Race	white	Birth-place				
Occupation		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband						
Father's Name								
Mother's Maiden Name								
Name of person giving information								
CAUSES OF DEATH								
Primary	Drowning							
Immediate	How long							
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
				Address				

PHYSICIAN
OR CORONER

172

How long

How long

Accident or Suicide?

Accident

At play
Rides bike

